

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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TOTAL IND.	1					
TOTAL DEP.	2	↔	↔	↔	↔	
TOTAL CLAIMS	3	████	████	████	████	

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TOTAL CLAIMS		████	████	████	████							